

2000 UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT # **097000041730**
 1. Entity Name **6400 PARTNERS, INC.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 16 AM 8:58

Principal Place of Business: **6400 W. NEWBERRY RD, SUITE 308, GAINESVILLE, FL. 32605**
 Mailing Address: **6400 W. NEWBERRY RD., SUITE 308, GAINESVILLE, FLORIDA 32605**

2. Principal Place of Business: **6400 W. NEWBERRY ROAD**
 Suite, Apt. #, etc.: **308**
 3. Mailing Address: **6400 W. NEWBERRY ROAD**
 Suite, Apt. #, etc.: **SUITE 308**

DO NOT WRITE IN THIS SPACE

City & State: **GAINESVILLE, FLORIDA**
 Zip: **32605** Country: **USA**
 City & State: **GAINESVILLE, FLORIDA**
 Zip: **32605** Country: **USA**

4. FEI Number: **59-3446758**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DANIEL MAICO, MD
6400 W. NEWBERRY RD., SUITE 308
GAINESVILLE, FLORIDA 32605

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: **DANIEL G. MAICO** *DANIEL MAICO* DATE: **10/2/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: PRESIDENT	<input type="checkbox"/> Delete
NAME: DANIEL G. MAICO	
STREET ADDRESS: 6400 W. NEWBERRY RD., SUITE 308	
CITY-ST-ZIP: GAINESVILLE, FLORIDA 32605	
TITLE: DIRECTOR	<input type="checkbox"/> Delete
NAME: THOMAS R. BEERS	
STREET ADDRESS: 6400 W. NEWBERRY RD., SUITE 308	
CITY-ST-ZIP: GAINESVILLE, FLORIDA 32605	
TITLE: DIRECTOR	<input type="checkbox"/> Delete
NAME: THEODORE W. BURNS	
STREET ADDRESS: 6400 W. NEWBERRY RD., SUITE 308	
CITY-ST-ZIP: GAINESVILLE, FLORIDA 32605	
TITLE: DIRECTOR	<input type="checkbox"/> Delete
NAME: STAVROS A. DIAVOLITSIS	
STREET ADDRESS: 6400 W. NEWBERRY RD., SUITE 308	
CITY-ST-ZIP: GAINESVILLE, FLORIDA 32605	
TITLE: DIRECTOR	<input type="checkbox"/> Delete
NAME: JOHN R. LEIBACH	
STREET ADDRESS: 6400 W. NEWBERRY RD., SUITE 308	
CITY-ST-ZIP: GAINESVILLE, FLORIDA 32605	
TITLE: DIRECTOR	<input type="checkbox"/> Delete
NAME: RENATA WAJSMAN	
STREET ADDRESS: 6400 W. NEWBERRY RD., SUITE 308	
CITY-ST-ZIP: GAINESVILLE, FLORIDA 32605	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 000003441640--4	
CITY-ST-ZIP: -10/27/00--01018--002	
	***150.00 ***150.00
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DANIEL MAICO* DATE: **10/2/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F034 (5/00)

2

6400 Partners, Inc.

6400 W. Newberry Road, Suite 308, Gainesville, Florida 32605 (352) 331-8902

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

October 9, 2000

Re: FEI # 59-3446758

Dear Sir/ Madam:

Enclosed please find an updated Uniform Business Report for the entity 6400 Partners. We have no record of receiving the initial form. We have a new business office address, which may be the reason for not receiving the form. Our accountant notified our organization that he saw our organization listed on the Internet as not having submitted the report.

After hearing this I contacted the Division of Corporations and requested the form. I have also enclosed \$150.00 for the cost of the registration fee. Please consider our situation and accept the form and registration fee.

If you have any questions please contact me at (352) 331-8902.

Sincerely,



Scott W. Johnson
Administrator